

# Mining General Permit and Dewatering General Permit

Dallas Grossman  
ND Department of Health  
(701) 328-5242  
[dgrossma@nd.gov](mailto:dgrossma@nd.gov)

# Mining General Permit (NDR32-0000)

# Discharges Covered

Mining Permit: *Page 3; Part I.A.2*

- Mining or extracting activities, processes to prepare materials for use, Standard Industrial Classification (SIC) Codes between 12 and 14
- Facilities operated to obtain or prepare materials for highway construction activities including concrete or asphalt batch plants, SIC Codes 1611, 2951, and some 327
- Equipment storage and maintenance yards that support the facility

Permit No.: NDR32-0000  
Effective Date: July 1, 2004  
Expiration Date: June 30, 2009

AUTHORIZATION TO DISCHARGE UNDER THE  
NORTH DAKOTA POLLUTANT DISCHARGE ELIMINATION SYSTEM

In compliance with Chapter 33-16-01 of the North Dakota Department of Health rules as promulgated under Chapter 61-28 (North Dakota Water Pollution Control Act) of the North Dakota Century Code, facilities both qualifying for and satisfying the requirements identified in Part I of this permit are authorized to discharge storm water associated with mining, extraction or paving material preparation activities to waters of the state.

In accordance with effluent limitations, monitoring requirements, and other conditions set forth herein.

This permit and the authorization to discharge shall expire at midnight,  
June 30, 2009.

\_\_\_\_\_  
Dennis R. Fewless, Director  
Division of Water Quality

\_\_\_\_\_  
Date

## Discharges Not Covered

Mining Permit: *Page 3; Part I.B*

- Industrial (or sanitary) wastewater
- Dredge or fill activity
  - (U.S. Army Corps of Engineers Section 404 permits)
- Discharges to waters with a total maximum daily load (TMDL) allocation for sediment are not covered unless  
...

the SWPP plan is consistent with the assumptions, allocations and requirements in the approved TMDL

# Application

## Mining Permit: *Page 4; Part I.D*

- Application must contain
  - Name and mailing address of the owner or operator
  - Contact name and phone number
  - Name of facility or site
  - Description of the nature of the business or activity
  - SIC Code
  - Location of the site, including the county, lat. and long. or township, range, section, and ¼ section
  - Name of receiving water(s), or municipal storm sewer system and receiving water(s)
  - Signature of the applicant(s)

<b>NOTICE OF INTENT TO OBTAIN COVERAGE UNDER NDDES GENERAL PERMIT FOR STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL OR MINING ACTIVITY NORTH DAKOTA DEPARTMENT OF HEALTH DIVISION OF WATER QUALITY SPN 18686 (12/02)</b>						<b>FOR DEPT. USE ONLY</b> Application No. _____ Date Received _____																																	
<input type="button" value="Clear Entire Form"/>																																							
<b>GENERAL INFORMATION</b>																																							
Name of Facility _____				Name of Owner/Principal Executive _____																																			
Mailing Address _____				City _____		State _____ Zip Code _____																																	
Individual Responsible for Discharge _____				Phone No. _____																																			
Mailing Address _____				City _____		State _____ Zip Code _____																																	
Type of Ownership: <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Private <input type="checkbox"/> Other: _____																																							
<b>NATURE OF DISCHARGE</b>																																							
STANDARD INDUSTRIAL CLASSIFICATION (SIC) _____						Four Digit SIC Codes: _____																																	
Brief Description of Nature of Business: _____																																							
Are any processing, loading/unloading, or storage activities exposed to precipitation or storm runoff? <input type="checkbox"/> Yes <input type="checkbox"/> No																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Street _____</td> <td colspan="6" style="padding: 5px;">City _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">OR</td> <td colspan="2" style="padding: 5px;">1/4 _____ 1/4 _____</td> <td colspan="2" style="padding: 5px;">Section _____</td> <td colspan="2" style="padding: 5px;">Township _____</td> <td colspan="2" style="padding: 5px;">Range _____</td> <td colspan="2" style="padding: 5px;">County _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">OR</td> <td colspan="2" style="padding: 5px;">Latitude _____</td> <td colspan="2" style="padding: 5px;">Longitude _____</td> <td colspan="2" style="padding: 5px;">County _____</td> <td colspan="4"></td> </tr> </table>								Street _____		City _____						OR		1/4 _____ 1/4 _____		Section _____		Township _____		Range _____		County _____		OR		Latitude _____		Longitude _____		County _____					
Street _____		City _____																																					
OR		1/4 _____ 1/4 _____		Section _____		Township _____		Range _____		County _____																													
OR		Latitude _____		Longitude _____		County _____																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Receiving Waters</td> <td colspan="6" style="padding: 5px;">Name or Description of Receiving Waters _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">OR</td> <td colspan="6" style="padding: 5px;">Name of City _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">OR</td> <td colspan="6" style="padding: 5px;">Ultimate Receiving Waters _____</td> </tr> </table>								Receiving Waters		Name or Description of Receiving Waters _____						OR		Name of City _____						OR		Ultimate Receiving Waters _____													
Receiving Waters		Name or Description of Receiving Waters _____																																					
OR		Name of City _____																																					
OR		Ultimate Receiving Waters _____																																					
<b>ADDITIONAL INFORMATION</b>																																							
Summarize or attach any existing qualitative and quantitative data pertaining to your storm water discharges. _____																																							
Summarize any existing measures utilized to contain, treat, or reduce pollutants in storm runoff. _____																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="padding: 5px;"> <b>RETURN COMPLETED APPLICATION TO:</b>            North Dakota Department of Health            Division of Water Quality            1200 Missouri Ave., Rm. 200            PO Box 5020            Bismarck, ND 58506-5520            Telephone: 701-328-5210         </td> <td colspan="4" style="padding: 5px;">           I certify I am familiar with NDDES 415-28-02, and with the information contained in this application. To the best of my knowledge and belief, the information in this application is true, complete, and accurate.         </td> </tr> <tr> <td colspan="4" style="padding: 5px;">Printed Name of Applicant _____</td> <td colspan="4" style="padding: 5px;">Title _____</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Signature of Applicant _____</td> <td colspan="4" style="padding: 5px;">Application Date _____</td> </tr> </table>								<b>RETURN COMPLETED APPLICATION TO:</b> North Dakota Department of Health Division of Water Quality 1200 Missouri Ave., Rm. 200 PO Box 5020 Bismarck, ND 58506-5520 Telephone: 701-328-5210				I certify I am familiar with NDDES 415-28-02, and with the information contained in this application. To the best of my knowledge and belief, the information in this application is true, complete, and accurate.				Printed Name of Applicant _____				Title _____				Signature of Applicant _____				Application Date _____											
<b>RETURN COMPLETED APPLICATION TO:</b> North Dakota Department of Health Division of Water Quality 1200 Missouri Ave., Rm. 200 PO Box 5020 Bismarck, ND 58506-5520 Telephone: 701-328-5210				I certify I am familiar with NDDES 415-28-02, and with the information contained in this application. To the best of my knowledge and belief, the information in this application is true, complete, and accurate.																																			
Printed Name of Applicant _____				Title _____																																			
Signature of Applicant _____				Application Date _____																																			

## Application

Mining Permit: *Page 4; Part I.D*

- Operators of multiple temporary or portable operations may submit a single application for all of their facilities.
- Operators of oil or gas extraction facilities that experience a storm water discharge resulting in or contacting a reportable quantity release of oil or hazardous substances shall submit a NOI within 15 days of becoming aware of the release.

# Storm Water Pollution Prevention Plan

Mining Permit: *Page 4; Part I.D*

## NORTH DAKOTA DEPARTMENT OF HEALTH NDPDES PROGRAM

### Mining Stormwater Pollution Prevention Plan Guidance Forms



#### CONTENTS

- |                                    |                           |
|------------------------------------|---------------------------|
| 1. PROJECT DESCRIPTION             | (SF 19386)                |
| 2. SITE MAP DEVELOPMENT            |                           |
| 3. SIGNIFICANT MATERIALS INVENTORY | (SF 19387)                |
| 4. VEGETATIVE/STRUCTURAL PRACTICES | (SF 19389)                |
| 5. OTHER BEST MANAGEMENT PRACTICES | (SF 19390 and SF 19390-2) |
| 6. SITE INSPECTION RECORD          | (SF 19391)                |
| 7. SIGNATORY CERTIFICATION         | (SF 19137)                |

- A SWPPP must be developed for each facility
- The SWPPP must be submitted to the Dept. for:
  - Facilities that occupy 50 acres or more (area dedicated to industrial activities)
  - Facilities that have a discharge point located within 2000 ft of, and flow to, a water body listed as impaired under section 303(d) of the Federal Clean Water Act due to sediment or parameter associated with sediment transport

# The SWPPP shall include

Mining Permit: *Page 6; Part II.C*

1. Site Description
2. Description of Potential Pollutant Sources
3. Storm Water Controls
4. Maintenance
5. Inspections
6. Plan Review and Revisions

**BEST MANAGEMENT PRACTICES FOR EROSION AND SEDIMENT CONTROL**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF WATER QUALITY  
SPN 19386 (05/08)

**STRUCTURAL PRACTICES:**

<input type="checkbox"/> Terrace/Contours	<input type="checkbox"/> Drain Inlet Protection
<input type="checkbox"/> Pipe Stake Drains	<input type="checkbox"/> Brush Barriers
<input type="checkbox"/> Straw Bale Dikes	<input type="checkbox"/> Temporary Drain Diversion
<input type="checkbox"/> Silt Fences	<input type="checkbox"/> Drainage Swales
<input type="checkbox"/> Infiltration Trenches or Basins	<input type="checkbox"/> Sediment Traps
<input type="checkbox"/> Earth Dikes	<input type="checkbox"/> Temporary Sediment Basins
<input type="checkbox"/> Rock Outlet Protection	<input type="checkbox"/> Subsurface Drains
<input type="checkbox"/> Check Dams	<input type="checkbox"/> Retaining Walls

**Additional Practices:**

**NONSTRUCTURAL PRACTICES:**

<input type="checkbox"/> Temporary Seeding	<input type="checkbox"/> Permanent Seeding
<input type="checkbox"/> Mulching	<input type="checkbox"/> Grassed Waterways
<input type="checkbox"/> Filter Strips	<input type="checkbox"/> Tree Planting
<input type="checkbox"/> Erosion Blankets	<input type="checkbox"/> Road Stabilization

**Additional Practices:**

**SIGNIFICANT MATERIALS**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF WATER QUALITY  
SPN 19387 (11/02)

**INSTRUCTIONS:** Based on your site's material inventory, provide the following information. For the permit, the location of the significant materials should be indicated on the site map.

MATERIAL	SPN 19371 QUANTITY	STORAGE METHOD	DEPOSAL METHOD	PROCESSED QUANTITY?	SPN 19371 STORAGE
as: Crushed Rock	as: 500 gallons	as: Bags, remaining tank	as: Using HD Best Management Practices	as: NO	as: Best Management Practices
				NO	
				NO	
				NO	
				NO	
				NO	
				NO	
				NO	
				NO	
				NO	

**PROJECT DESCRIPTION**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF WATER QUALITY  
SPN 19388 (11/02)

Project Name: \_\_\_\_\_

Project Type: \_\_\_\_\_

Project Location: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Description of the Nature of the Project: \_\_\_\_\_

Description of the Nature of the Project: \_\_\_\_\_

Description of the Nature of the Project: \_\_\_\_\_

Description of the Nature of the Project: \_\_\_\_\_

Description of the Nature of the Project: \_\_\_\_\_


**SITE MAP DEVELOPMENT**

The site map should be suitably scaled and drawn to show the following required information:

**MAP FEATURES**

- 1) Mining site boundaries and areas of soil disturbance.
- 2) The location of springs, streams, wetlands, and other surface waters.
- 3) The location of areas used for storage of building materials, soils, or waste materials.
- 4) The locations of proposed and existing stormwater controls.
- 5) Stormwater runoff on drainage patterns.
- 6) Section, township, range, or lines of latitude and longitude.

**CAUTION**



MINING AREA



## Site Description

Mining Permit: *Page 6; Part II.C.1*

- Description of the type of activity
- Site map (suitable scale)
  - Drainage patterns
  - Drainage area for each outfall
  - Storage or disposal areas
  - Existing or planned structures to reduce storm water contamination (ponds)
  - Property boundaries
  - Natural drainage ways
  - Section, township, and range OR lat. - long.
- Responsible individual(s)

## Potential Pollutant Sources

Mining Permit: *Page 6; Part II.C.2*

- Identify materials that are processed, handled, stored, or disposed of that may contact storm water.
- Identify sources that may pollute storm water.
  - Loading/unloading operations
  - Outdoor storage
  - Disposal and processing activities
  - Significant dust generating activities (roadways, haul roads)
  - Disturbed areas vulnerable to erosion
- Identify non-storm water discharges.

# Storm Water Controls

Mining Permit: *Page 6 & 7; Part II.C.3*

## Describe BMPs and structural controls

- Good housekeeping
- Preventive maintenance
- Spill Prevention and response procedures
- Employee training (safety or tailgate meeting)
- Sediment and erosion controls
- Storm water management

## Maintenance

Mining Permit: *Page 7; Part II.C.4*

All erosion and sediment control measures must be maintained.

- Indicate the maintenance and clean out interval
- Maintenance shall be done as soon as practicable

# Inspections

Mining Permit: *Page 8; Part II.C.5*

Performed by personnel who are familiar with the permit conditions and control measures

- **Active fixed locations:**
  - Within 48 hrs of a 1 in. rainfall
  - 1 inspection during a 6 month period
  - Inspections are not required if the facility is conducting an approved sampling program
- **Temporary or Portable**
  - 1 inspection per month while active
  - 1 inspection every 6 months until final stabilization
- **Inactive locations**
  - 1 inspection in three years by a qualified individual with experience in surface water pollution issues
  - Assess stability and performance of controls
  - Identify adversely impacted areas caused by runoff

## Inspect discharge outlets from:

- Disturbed areas that have not achieved final stabilization
- Areas used for storage of materials
- Structural control measures
- Vehicle maintenance areas

## The record must include:

- Scope
- Major observations
- Date
- Name of personnel



# Additional Terms and Conditions

Mining Permit: *Page 9; Part II.D*

1. Dewatering or basin draining must be managed with the appropriate BMPs, such that the discharge does not adversely affect the receiving water or downstream landowners.
  - Minimize the release of sediment
  - Provide energy dissipation measures to protect outlet from erosion
2. Concrete wash water shall not be discharged to waters of the state, storm sewer systems or allowed to drain onto adjacent properties.
3. Petroleum products and other chemicals shall have adequate leak and spill protection
4. Storm water discharges from construction activity due to normal operations and expansions are covered under this permit. New discharges shall be added to the SWPPP or covered by another NDPDES permit.

# Non-Sampling Reporting Requirements

Mining Permit: *Page 9; Part III.A.1*

## Annual Inspection Summary

- Listing of all incidents of sediment or significant material residue accumulation, or erosion due to storm water discharges during the year.
- Include
  - inspection date
  - outfall identification or location of incident
  - description of incident
  - estimated quantity of material or size of area affected
  - explanation of potential cause and remedial actions taken.

# Non-Sampling Reporting Requirements

Mining Permit: *Page 9; Part III.A.2*

## Annual Location Record

- Applies only to temporary facilities (i.e. sand and gravel, batch plants)
- Permit number
- Name and mailing address of owner or operator
- Site or plant name or number
- Location of each site
- Start date of each site
- Estimated area of disturbance in acres
- Name of water bodies within 2000 ft that receive drainage
- Status (active, reclaiming, inactive)
- Date of final stabilization or when site was contoured to contain all storm water discharges



# Non-Sampling Reporting Requirements

Mining Permit: *Page 10; Part III.A.3*

## Annual Report Submittal

- Includes the Location Record and/or the Inspection Summary
- Covers the activities that occurred in the preceding calendar year
- Submit to the Department by March 31 of each year

# Sampling Self-Monitoring Requirements

Mining Permit: *Page 10; Part III.B*

**DISCHARGE MONITORING REPORT**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF WATER QUALITY  
2016 REVISED 11-15-20  
North Dakota Pollutant Discharge Elimination System

Clear All Form Fields

Name of Facility: \_\_\_\_\_  
Permit Number: \_\_\_\_\_ Discharge Number: \_\_\_\_\_ Monitoring Exhibit Part: \_\_\_\_\_

Pollutant Parameter	Quality or Concentration				Sample Type
	Event 1	Event 2	Event 3	Units	
Total Suspended Solids					Grab
Total Phosphorus					Grab
Total Kjeldahl Nitrogen					Grab
Total Nitrate as Nitrogen					Grab
pH					Instantaneous
Oil and Grease					Grab
5-Day Biological Oxygen Demand					Grab
Chemical Oxygen Demand					Grab
					Grab
					Grab
					Grab
					Grab
					Grab

Date of Storm Event (Sampled)	Duration of Storm Event (hours)	Precip. Amount (inches)	Time Since Last 0.1 in. or Greater Precip. Event	Estimated Size of Drainage Area (acres)	Estimated Quantity of Runoff Discharge (gallons)
1.					
2.					
3.					

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Typed or Printed Name/Title of Principal Executive Officer \_\_\_\_\_  
Signature of Principal Executive Officer or Authorized Agent \_\_\_\_\_  
Signature Date \_\_\_\_\_

Sampling is not required unless:

1. Requested by the Department
  - Analytical data to estimate water quality impacts
  - Discharges are shown to be of poor quality
  - The SWPPP is delinquent or insufficient
2. The Permittee does it as an alternative to reduce inspection requirements.

Sampling requirements can be found in Appendix 2 of NDR32-0000.

The results are summarized and reported at the end of the year, and are submitted by January 31.


# Termination

## Mining Permit: *Page 5; Part I.E*

Must submit a Notice of Termination or other written request identifying the facility.

One of the following must be met:

1. All storm water discharges have been eliminated and final stabilization has been achieved.
2. The discharges were from an inactive coal mining operation no longer meeting the definition of a reclamation area; or a non-coal mining operation which has been released from reclamation requirements.
3. The discharges were from an oil or gas extraction facility (that required coverage under the permit) that has been reclaimed and operated satisfactorily under a SWPPP for three years.
4. Another operator/permittee has assumed control.

 **NOTICE OF TERMINATION TO CANCEL COVERAGE UNDER (NDPDES) GENERAL PERMIT FOR STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL or MINING ACTIVITY**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF WATER QUALITY  
SPN 53639 (12/02)

**FOR DEPT. USE ONLY**  
Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Clear Entire Form

**GENERAL INFORMATION**

Name of Facility		Permit Number	
Mailing Address		City	State Zip Code
Individual Responsible for Discharge		Phone No.	
Mailing Address		City	State Zip Code

**LOCATION**

SITE LOCATION	Street	City		
	OR	1/4	1/4	Section Township Range County
	OR	Latitude	Longitude	County

**CERTIFICATION STATEMENT**

I certify under penalty of law that for the industrial or mining site and permit described above:  
As of \_\_\_\_\_, disturbed soils at the identified site have been finally stabilized, seventy percent restored vegetative coverage as compared to preexisting vegetation, and temporary erosion control measures have been removed, or that all storm water discharges associated with industrial or mining activity from the identified site, authorized by a NDPDES general permit have been eliminated.

I understand that by submitting this Notice of Termination, that I am no longer authorized to discharge storm water associated with industrial or mining activity by the general permit, and that discharging pollutants in storm water to waters of North Dakota is unlawful under North Dakota Century Code 61-28 where the discharge is not authorized by a NDPDES permit.

**Return Completed Application to:**  
North Dakota Department of Health  
Division of Water Quality  
P.O. Box 5520  
Bismarck, ND 58005-5520  
Telephone: (701)326-5210

I certify I am familiar with NDCC 61-28-08 and with the information contained in this application. To the best of my knowledge and belief the information in this application is true, complete and accurate.

Printed Name of Applicant(s)	Title
Signature of Applicant(s)	Application

(Attach additional page if needed)

# Temporary Dewatering Permit (NDG-070000)



# Temporary Dewatering Permit

- Permit # NDG-070000
- Issued April 1, 2005
- Expiration March 31, 2010
- Hydrostatic testing included!



# Temporary Dewatering Permit

- What is considered temporary de-watering?
  - Excavation dewatering in conjunction with construction activities.
  - Pipeline or vessel hydrostatic testing.
  - Groundwater dewatering.

# Temporary Dewatering Permit (con't)

-How to apply for a permit?

Submit a NOI-Short Form C

- 30-days prior to start of discharge.

- What is required under the permit?

- Take water samples and submit the results to the Health Department.

# Short Form C

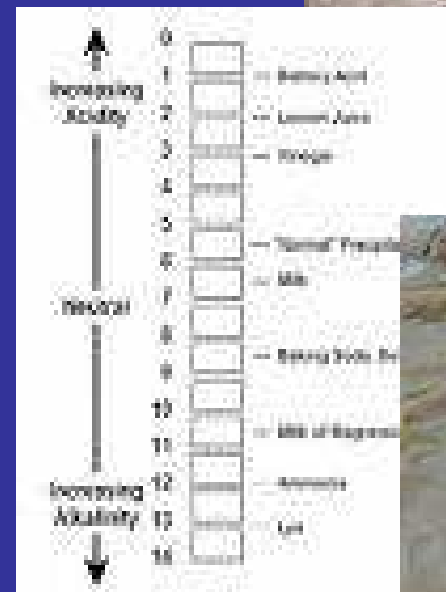
- Used as application
- Addresses certain items
  - Brief description
  - Method of treatment
  - Amount discharged
  - Discharge point(s)

APPLICATION FOR PERMIT TO DISCHARGE (NDPDES) INDUSTRIAL-SHORT FORM C NORTH DAKOTA DEPARTMENT OF HEALTH DIVISION OF WATER QUALITY SFN 8319 (1-96)				FOR DEPT USE ONLY	
				Application Number _____	
				Date Received _____	
Organization Responsible for Facility					
Individual Responsible for Discharge				Telephone Number	
Mailing Address			City	State	Zip Code
Brief description of nature of operations which produce the discharge					
Check all possible substances which discharge may contain:					
Aluminum	Beryllium	Chromium	Cyanide	Mercury	Phenols
Ammonia	Cadmium	Copper	Lead	Nickel	Zinc
Other _____					
METHOD OF TREATMENT IS TO ROUTE WATER TO:					
Municipal Sewer System			Owner of System		
OR I Evaporation Lagoon or Ponds			If discharge is to a municipal sewer system, skip to signature area at bottom.		
OR I No Treatment, Goes to Surface Waters Directly			Number of Ponds	Size of Each (Acres)	
OR I Other (Specify)			Name of Body of Water		
Method of Treating Sanitary Wastes (if different from above)					
TYPE AND AMOUNT OF WASTEWATER DISCHARGED TO TREATMENT SYSTEM(S) OR WATER OF THE STATE					
Sanitary Wastewater _____ gal/day		Cooling Water _____ gal/day		Hydrostatic Testing _____ gal/day	
Process Water _____ gal/day		Surface Runoff Water		Other: Type _____ / _____ gal/day	
Frequency of Discharge from Treatment Facility (if only certain months please indicate)					
Number of Separate Discharge Points: 1 2 3 4 or more If more than one, attach sheet with locations and type of waters handled at each point.					
DISCHARGE POINT LOCATION	Latitude		Longitude		County
	0	I II	0	I II	
OR	1/4	1/4	Section	Township	Range County
Provide a brief description of area to which treated discharge flows (i.e., river, unnamed stream, landlocked slough, lake, etc.). Use names whenever possible.					
RETURN COMPLETED APPLICATION TO: North Dakota Department of Health Division of Water Quality P.O. Box 5520 Bismarck, ND 58506-5520 Telephone: 701.328.5210			CERTIFICATION: I certify I am familiar with NDCC 61-28-08 and with the information contained in this application. To the best of my knowledge and belief the information in this application is true, complete and accurate.		
			Name of Applicant		Title
			Signature of Applicant		Application Date



# Effluent Limits

- Total Suspended Solids (TSS) - 100.0 mg/l
- Total Residual Chlorine - 0.1mg/l
- Total Petroleum Hydrocarbons - 1.0 mg/l
- pH - btwn 6 and 9 S.U.
- REPRESENTABLE SAMPLE (frequency)



# Inspections/ Daily Logs

- Inspections for site, **daily** while dewatering taking place
- Inspections kept for 3 years
- Daily Logs
  - Flow information and discharge dates
  - Sample results
  - Visual inspections
  - Notation of any problems (Erosion Issues)
  - Name of receiving water

# Reporting

- Cover 3 month cycle
- 1<sup>st</sup> Period (Jan- Mar), etc
- Monitoring results summarized
- Send report to NDDH and EPA

# Termination



- Submit NOT
- State reason why termination
- Can be written with Inspection Reports

# Questions?

Mining General Permit Contacts:  
Dallas Grossman, Randy Kowalski,  
or Cory Lawson

Dewatering General Permit Contact:  
Marty Haroldson